IN THE UNITED STATES DISTRICT COURT

CLERK'S OFFICE U.S. DISTRICT. COURT AT ROANOKE, VA FILED

Western District of Virginia

OCT 28 2024

District Judge (Assigned by Clerk's Office)

(Assigned by Clerk's Office)

CIVIL ACTION NO. 7:24-(V-00377

(Assigned by Clerk's Office)

For use by Inmates filing a Complaint under

CIVIL RIGHTS ACT, 42 U.S.C. §1983 or <u>BIVENS v. SIX UNKNOWN NAMED AGENTS</u> OF FED. BUREAU OF NARCOTICS. 403 U.S.C. §388 (1971)

Zachary Mont gomery Seymour	108 15361
Plaintiff Name	Inmate No.
Southwest Virginia Reginal Jail-Hay Defendant Name & Address	si Virgina
Crystal Large-Nurse Practionar Defendant Name & Address	
Lynette Owens	
Defendant Name & Address Diane, Tates	
Defendant Name & Address	
Defendant Name & Address	
Defendant Name & Address	
IF YOU NEED TO ADD MORE DEFENDANTS, USE A SI NAME AND ADDRESS FOR EACH N TITLE THE SECOND PAGE "CONTINUED	AMED DEFENDANT.
A. Where are you now? Name and Address of Fa	cility:
Southwest Virginia Regiral da	il Authority Hanci
Virgina. P.O. Box 535 Ha	ysi VA 24256

В	. Where did this action take place?
	Southwest VA Regional Vail, Haysi 24256
C	. Have you begun an action in state or federal court dealing with the same facts involved in this complaint?
	If your answer to A is Yes, answer the following:
	1. court: U.S. District Court Western District "Roanoke"
•	2. Case Number: Civil Action No. 7:24-cu-00377
D	. Have you filed any grievances regarding the facts of this complaint?
	If your answer is Yes, indicate the result:
·	Denied-said no Suboxen in my system
	2. If your answer is No, indicate why:
Æ	Statement of Claim(s): State briefly the facts in this complaint. Describe what action(s) each defendant took in violation of your federal rights and include the relevant dates and places. Do not give any legal arguments or cite any cases or statutes. If necessary, you may attach additional page(s). Please write legibly.
2024 C	laim #1 – Supporting Facts – Briefly tell your story without citing cases or law:
on April 12th I	was grested at my Probationers office for failing a
٬ <u>ل</u>	rine text. I came to the facility placed in a holding cell.
. (2)	(April 13th I was given another Urine Test and was "cont
	laim #2 – Supporting Facts – Briefly tell your story without citing cases or law: spporting Facts may be placed on a separate paper titled ADDITIONAL SUPPORTING FACTS)
· <u>Ø</u>	'n April 12th my wife brought my prescription of Suboxen
1	the Jail. The nurse LYNETTE gave me a drytest
<u>S</u>	aid I had no Suboxen in my system. In my
•	J -

В.	vynere did this action take place?
9	Southwest VA Regional Vail, Haysi 24256
	Have you begun an action in state or federal court dealing with the same facts involved in this complaint?
	If your answer to A is Yes, answer the following:
	1. Court: U.S. District Court Western District "Roanoke"
_	2. Case Number: Civil Action No. 7:24-cv-00377
D.	Have you filed any grievances regarding the facts of this complaint? Ves No
	1. If your answer is Yes, indicate the result:
	Denied-said no Suboxen in my system
	2. If your answer is No, indicate why:
E.	Statement of Claim(s): State briefly the facts in this complaint. Describe what action(s) each defendant took in violation of your federal rights and include the relevant dates and places. Do not give any legal arguments or cite any cases or statutes . If necessary, you may attach additional page(s). Please write legibly.
2024 Cla	im #1 – Supporting Facts – Briefly tell your story without citing cases or law:
3n April 12th I	im #1-Supporting Facts-Briefly tell your story without citing cases or law: was grested at my Probationers office for failing a ine text. I came to the facility placed in a holding cell.
, <u>M</u>	
Cla	April 15th Lwas given another Wrine Test and was Continum #2 - Supporting Facts - Briefly tell your story without citing cases or law:
(Additional Sup	porting Facts may be placed on a separate paper titled ADDITIONAL SUPPORTING FACTS)
to	the Jail. The muse LYNETTE gave me a drustest
<u>Sa</u>	
	· · ·

VERIFICATION:

I YNOUL , state that I am the plaintiff in this action, and I know the content of the above complaint; that it is true of my own knowledge, except as to those matters that are stated to be based on information and belief, and as to those matters, I believe them to be true. I further state that I believe the factual assertations are sufficient to support a claim of violation of constitutional rights. Further, I verify that I am aware of the provisions set forth in 28 U.S.C. §1915 that prohibit an immate from filing a civil action or appeal, if the prisoner has, on three or more occasions, while incarcerated brought an action or appeal in federal court that is dismissed on the grounds that it was frivolous, malicious, or failed to state a claim upon which relief may be granted, unless the prisoner is imminent danger of serious physical injury. I understand that if this complaint is dismissed on any of the above grounds, I may be prohibited from filing any future actions without the pre-payment of the filing

DATED: Oct 23rd 2024

SIGNATURE:

fees. I declare under penalty of perjury the foregoing to be true and correct.

Civil Rights Act -42.USC 1983-7:24-CV-00377

Claim 1 - Supporting Facts.

Continued. Was given a wrine test By Nowse Lynette Owens and told I had no suboxen in my system. Told By Nowse Lynette Owens. I could not continue my suboxone treatment. That my doctor had me on Dr. STEVEN BAKER. The Urine test that locked me up will show I had suboxone in my system. From the VIRGINIA Probation office. I begged Nowse LYNETTE OWENS

To drug test me again to prove I had suboxone in my system but Nowse LYNETTE OWENS

Refused as my medical Request Shows. Exibit sickeall!

Medical - 19, 397, 971, Response you are being added to the providers list. We must tringe as appropriate, please be patient and please do not proper resubmit the same requests and or gricuances. I asked Personally Norse LYNETTE OWENS To Drug test me, she befused.

Claim 2 - Supporting Facts

Muse LYNETTE OWENS told Muse Practioner CRYSTAL LARGE That I had no Suboxore in my System. And Because of this out Right lie I was denied my Medication. This put me into immediate withdraw and pain. It made me suicidal and very depressed

Case 7:24-cv-00377-MFU-JCH Document 25 Filed 10/28/24 Page 6 of 7

Civil Rights Act 42-USC 1983. civil Action NO 7,24-CV-00377

Claim & supporting Facts..

Continued: This Nat Majoran is Federally Funded and Paid for by the federal government. The Mat Program is Approved By Congress. Newse LINETTE OWENS Took me off my Medication that a doctor had me on a Nurse Lynette new Medication that a doctor had me on a Nurse by over liding a doctor. This I believe has violated my 8th and 4th amendments. I am trying desperatley to Prove that I was and product the violated. I was put into immediate with draws and made Suicidal by Nurse Lynette Dwens Actions.

KNOXVILLE TN

24 OCT 2024 P

Zach Seymon 108/5361 Hagsi VA . 24256

RECEIVED

OCT 28 2024

USDC Clerk's Office Clerk's Office U.S. District Court

Mail Room

210 Franklin Road SW, Suite 540 Roanoke VA. 24011-2208

24011-220999